SAMPLE

(Place School District or Agency Name Here)

ELIGIBILITY NOTIFICATION Letter of DIRECT CERTIFICATION of Eligibility for FREE MILK BASED on RECEIPT of FOOD STAMP/CalWORKs/KinGAP/FDPIR BENEFITS

Date:			
Dear Parent/Guardian:			
school year based on his/her eligibility for F	y approved for FREE MILK during the 2003-2004 Food Stamp, California Work Opportunity and rdianship Assistance Payments (KinGAP), or Food DPIR) benefits.		
Student's Name	Student's Name		
You must notify the school when you are no longer receiving Food Stamp, CalWORKs, KinGAP, or FDPIR benefits. If you have children who are not eligible for Food Stamp, CalWORKs, KinGAP, or FDPIR benefits, or if you feel your child(ren)'s name should be included in the list above, you must complete an Application for Free and Reduced-Price Meals or Free Milk, and return it to the school as soon as possible. If you do not want your child(ren) to receive free milk or have any questions, please contact:			
		Name:	
		Agency:	
Address:			
City, State, Zip:			
Phone:			
Sincerely,			
(Signature)	(Title)		

This Institution is an Equal Opportunity Provider and Employer.